ease could not account for the peculiar gait. There was no thickening of the arteries to be found.

Dr. W. P. Caven thought that disease in the vessels must have caused the embolism.

MORBUS COXÆ.

Dr. I. H. Cameron exhibited the left femur from a case of morbus coxæ. The patient, a girl of three, was admitted into the Hospital for Sick Children with hip-joint disease in the third stage. There were several sinuses opening above Poupart's ligament. Extension was applied and every effort made to feed the child up. An operation was not thought advisable, because the acetabulum was, to all appearances, affected. The girl was in the hospital for three years, during which period abcesses developed from time to time.

Post mortem examination showed amyloid disease of the liver, which was so enormously enlarged that there was scarcely a half inch of space between the edge of the liver and the crest of the ilium. The os innominatum was greatly thickened, but there was no perforation of the acetabulum. The cartilage lining the acetabulum had disappeared, as had the head and part of the neck of the femur. The posterior surface of the neck was united to the body of the ischium by fibrous tissue. The medullary cavity of the shaft was much enlarged, so that only a very thin stratum—two lines in thickness—of compact bone remained. The remains of the capsule and other fibrous tissue about the joint was very much thickened, especially over the upper part of the great trochanter, where an incision in this region opened into a somewhat large abscess cavity, about the size of a sparrow's egg. The fibrous tissue was closely adherent to the periosteum, which was apparently quite healthy where it still remained. Microscopic examination showed amyloid disease of the liver, spleen and kidney.

From the light thrown by the *post mortem* upon the condition of the femur and joint, it was to be regretted that excision had not been done.

Dr. Thistle saw in the fibrous, thick, walled cyst surrounding the head of the bone, an effort at reconstruction on the part of the periosteum. It extended too far down the shaft to be a part of the capsule.

ANEURISM OF AORTA.

Dr. Cameron said that this case was interesting, not only on account of the seeming acute development of the aneurism, but also because the patient was commonly reported to have died of la grippe. The patient was a man of 35, banker by occupation, very tall and thin. He was a great oarsman, one of the Argonaut eight, and spent most of his leisure time either rowing or canoeing. He had never had any illness, save some slight attacks of dyspepsia. Nothing had ever occurred to indicate any heart lesion.

Dr. Scadding, who had attended the patient for Dr. Cameron, had found him dressed for dinner. Whilst dressing, he had been suddenly seized with great pain, referred to the pit of the stomach and abdomen, passing up into the throat, which he described by saying that he felt as if he would burst asunder. There was no heart murmur or noticeable dullness; pulse 50. He was put to bed and morphia given hypodermically, with but little relief of the pain. Morphia granules, gr. ¼, were given, to be taken every 3 or 4 hours if needed. On the following day the pulse was 90, on the third day pulse was 116. The pain persisted, but was localised more in the region of the umbilicus. That evening he had a spasm and died. *Post mortem* examination showed, at the base of the aorta, a dissecting aneurism, which had ruptured. There was no laminated clot in the sac. The blood in the pericardium was clotted; on the visceral pericardium a few milk patches. Heart was dilated, but not hypertrophied.

It was supposed that on the first night the internal coat had given way. The pain had been kept up by the dissecting blood. The aneurism was evidently of very recent date, as shown by the fact that there was no hypertrophy of the heart, and by the absence of a laminated clot in the sac.

CEREBRAL HEMORRHAGE, CANCER OF PANCREAS.

Dr. Cameron: The patient, a man of 70, was a shoemaker by trade. Eight years ago he came for advice concerning attacks of vomiting blood, and of pain referred to the stomach. It was thought that thickening could be detected, in the epigastric region, and therefore a diagnosis of cancer was made. This diagnosis was rather shaken by the fact that ordinary treatment for dyspepsia relieved him, and by the duration of life.